U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # Po		ostmark		Date Received		Notification #				
I. Type of Notifi	e):		Revised	Revised Cano		celed				
II. Facility Description Building Name: N/A										
Address: 42- 42 10th Avenue, 451 West 13th Street										
City: New York	City: New York State: NY Zip Code: 10014 County: New York									
Site Location : Basement - Roof										
Building Size (square feet): 23541 # of Floors: 3 Age in Years: 116										
Present Use: other Prior Use: other										
III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training										
IV. Is Asbestos P	resent? (check or	ne): V Yes	☐ No							
-	And the second of the second o									
		Avenue Ventur	es LLC							
	07 Broadway			NO.						
City: New						Zip Code: 10018				
Contact: Matthew Adreu Telephone: (212) 789-7000 Fax:										
		Alba Environi								
		treet, Suite 303	5							
	City: New York					ip Code: 10001				
	Contact: Wilson Chimborazo Telephone: (646) 996-0941 Fax: (347) 527-2923									
	Address:									
		State: Zip Code:								
Contact:		Telephone: () Fax:								
			oyed to detec	ct the presence of	f and to estimate the	ne quantity of RA	CM and			
Category I and Category II non-friable ACM:										
VII. Approximate Amount of Asbestos Materials:										
		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed				
				Category I	Category II	Category I	Category II			
Pipes (linear feet)										
Surface Area (square				142,176						
Facility Components (
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:										
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 09/19/16 Complete: 08/31/17										
Days of the Week:	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday			
Hours of Operation:	7am to 5pm	7am to 5pm	7am to 5p	om 7am to 5p	m 7am to 5pm	8am to 5pm				

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
XI.	Description	on of work practices and engineering controls to	e used to comply	y with the requiremen	ts, including asbestos				
Full de 6m fire	contamina	and waste handling emission control procedures: ation unit, Hepa Vacuum, amended water, and reinforce plastic, air testing at all time	6mil printed as s during the ab	bestos bags, negat patement project.	tive air machines				
XII.		ansporter #1	* ** **						
	Name:	Dial Transport Inc							
	Address:	PO BOX 20699							
	City:	Staten Island	State:	NY	Zip Code: 10302				
	Contact:	Mr. Bill	Telephone:	(888)646-9903					
	Waste Tra	ansporter #2							
	Name:								
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone:	()					
XIII.	Waste Dis	sposal							
	Name:	Minerva Enterprises LLC							
	Address:	9000 Minerva Rd							
	City:	Waynesburg	State:	NY	Zip Code: 44688				
•	Contact:		Telephone:	(330) 866-3435					
XIV.		y Demolition (complete Item XIV only if this project	ct is an Emergenc	y Demo.)					
		tach a copy of the Order to this notice.							
		ame of Authority Issuing Order:		Title:					
		athority of Order (Citation of Code): ate of Order (MM/DD/YY):	T-1-	D	1 1 8				
XV.		y Renovation (Attach separate sheet with the follow	uina information		Ordered to Begin				
28.7.		ite and Hour of the Emergency:	ving information i	ii project is Emergency	Renovation.)				
		escription of the Sudden, Unexpected Event:							
		planation of how the event caused unsafe conditions	s or equipment da	mage or an unreasonab	le financial burden.				
XVI.		n of procedures to be followed in the event that u pulverized, or reduced to powder.	nexpected RAC	M is found or non-fria	able ACM becomes				
XVII.	D	nat an individual trained in the provisions of NESI pemolition or Renovation, and evidence that the revailable during normal business hours.	equired training l	has been accomplished	1 by this person will be				
		Signature of Owner/Operator	Date		nt Name and Title				
XVIII.	co	edge the existence of laws prohibiting the submissiontained in this notification are true, accurate, and chimborazo Signature of Owner/Operator		Tresi	and I certify that facts Chimzons Int Name and Title				